

PRELOADED DATA:

SAMPLE ID

MONTH OF LEAVE

R LAST NAME

R FIRST NAME

R SEX

R RACE

R NUM OF KIDS

R DOB

R DAY OF BIRTH

R MONTH OF BIRTH

R YEAR OF BIRTH

NEW PHONE

R PHONE

R ADDRESS

R APT

R CITYSCT

R CITY

R STATE

R ZIP

M ADDRESS

M CITYSCT

M CITY

M STATE

M ZIP

NEW ADDRS

NEW CITY

NEW STATE

NEW ZIP

AGEGRP

REPLICATE

PROJECT ID

SYSTEM STAMPED VARIABLES:

DATE AND TIME OF VQ FILE (START)

DATE AND TIME OF VQ FILE (CURRENT)

SAMPLE ID FOR BANNER

VQ VERSION FOR BANNER

MONTH IW (START)

DAY IW (START)

YEAR IW (START)

MONTH IW (CURRENT)

DAY IW (CURRENT)

YEAR IW (CURRENT)

CASE ID

IWER ID NUMBER

IWER NAME

TIME1.TIME STAMP 1

START TIME.IW START TIME STAMP

COVERSHEET:

<<SKIP to:CS1>>

. TEXT FILL

he.....1

she.....2

CS1.INTRODUCTION

Hello, my name is IWER NAME and I work for
the Survey Research Center at the University of Michigan.
I would like to speak with R FIRST NAM R LAST NAME.
Is (1/2) available?

On behalf of the District of Columbia's Department of Human
Services, we are doing a survey of people who stopped receiving
public assistance or TANF at the end of last year. The purpose
of the survey is to learn how well families are doing once they
stop receiving cash public assistance. We know some families that
left public assistance last fall may have returned to the program
and some who returned may have left again. We would like to ask
you a few questions about your life since MONTH OF LE 1998 when
our records show you stopped receiving cash benefits. In exchange
for your time, we will pay you \$20 for completing the interview.

CONTINUE.....1

CS1.INTRODUCTION (CONT)

Some of the questions I'll ask you will be about how things
in your life have changed since MONTH OF LE 1998. I will also
ask you a few questions about your children and other family
members. This should only take about 30 minutes. Everything
that you tell me is completely voluntary. Any information you
give me will be kept confidential and will not affect your
ability to get benefits now or in the future. If I ask you any
questions you don't want to answer, let me know and we'll go on
to the next question.

CONTINUE.....1

PROXY R IWER CHECKPOINT

IWER: WHO ARE YOU INTERVIEWING?

LISTED R.....1

PROXY R.....2

CS2.CONFIRM BIRTHDATE

DOB: R MONTH OF/R YEAR OF B

In what month and year were you born?

MONTH:

YEAR:

TIME A. START TIME A: _____

A1.

Last week, did you do any work for pay or profit?

INAP.....	0	
YES.....	1	A2
NO.....	5	
DK.....	8	
RF.....	9	

A1a.

Were you on vacation or sick leave from a job?

INAP.....	0	
YES.....	1	
NO.....	5	A24d
DK.....	8	
RF.....	9	

A2.

Did you work for an employer, are you self-employed, or both?

INAP.....	0	
EMPLOYER.....	1	
SELF-EMPLOYED.....	2	
BOTH.....	3	
DK.....	8	
RF.....	9	

A3.

Last week did you have more than one job,
including part-time, evening, and weekend work?

INAP.....	0	
YES.....	1	
NO.....	5	A6
DK.....	8	
RF.....	9	

<<IF:A3(NO) *AND* A2(BOTH)>>

<<BACK to:A3>>

A4.

Altogether, how many jobs do you have?

NUMBER OF JOBS _____

A5.

On average, how many hours do you usually work each week at all jobs together?

____ NUMBER OF HOURS

A6.

~IF A3(NO *OR* DK *OR* RF)

How many hours per week do you usually work at this job?

~ELSE A3(YES)

How many hours per week do you usually work at your main job?

~END

____ NUMBER OF HOURS

<<IF:A5(> = 1) *AND* A6(> A5)>>
<<BACK to:A6>>

A6a.

What is your main occupation?

~IF A3(NO *OR* DK *OR* RF)

What sort of work do you do at this job?

~ELSE A3(YES)

What sort of work do you do at your main job?

~END

A6b.

What are your most important activities or duties?

<<SKIP to:A7>>

Q-84X

employer.....1
business.....2
employer.....3

A7.

What kind of business or industry is that in?

A8.

What is the name of your Q-84X(1/3)?

IF NECESSARY: This information will help us to process employment
information you gave us. The name itself will never
be released as part of data from the study.

CURRENT MAIN JOB EMPLOYER:

ENTER EMPLOYER NAME TO BE USED FOR LATER REFERENCE. IF NONE IS
GIVEN BY R, ENTER SHORT JOB TITLE FROM THE A6a-A7 INFO BELOW.

A6a-A7: A6a-b
A7

A9.

~IF A3(NO *OR* DK *OR* RF)

How much are you paid at this job?

~ELSE A3(YES)

How much are you paid at your main job?

~END

That is before taxes and other deductions.
IF R IS PAID ON COMMISSION, ASK FOR MONTHLY AVERAGE
IF R IS SELF-EMPLOYED AND REPORTS '0' OR LOSSES ASK FOR MONTHLY AVG
IWER: PROBE QUALIFIED ANSWER, RANGE, OR DK:
What's your best estimate?

1 - 9999999.96 ACTUAL DOLLAR AMOUNT
9999999.97 \$9,999,999.97 OR MORE

SALARY: _____

PAID PER:

INAP.....	0
BY PIECE.....	1
HOUR.....	2
DAY.....	3
WEEK.....	4
BIWEEKLY.....	5
MONTH.....	6
YEAR.....	7
DK.....	8
RF.....	9

<<IF:A3(NO *OR* DK *OR* RF)>>

<<SKIP to:A10>>

A9a.

How much are you paid at all your (jobs/businesses) altogether?

IWER: PROBE QUALIFIED ANSWER, RANGE, OR DK:

What's your best estimate?

1 - 9999999.96 ACTUAL DOLLAR AMOUNT
9999999.97 \$9,999,999.97 OR MORE

SALARY: _____

PAID PER:

INAP.....0
BY PIECE.....1
HOUR.....2
DAY.....3
WEEK.....4
BIWEEKLY.....5
MONTH.....6
YEAR.....7
DK.....8
RF.....9

<<IF:A9a(ANSWERED) *AND* A9a(< A9)>>

<<BACK to:A9a>>

A10.

Do you receive health insurance through (your employer, union,
temporary agency, or contract company?)

INAP.....0
YES.....1 A13
NO.....5
DK.....8
RF.....9

A11.

Does (your employer, union, your temporary help agency, or
contact company) offer health insurance to any of its employees?

INAP.....0
YES.....1
NO.....5 A14a
DK.....8
RF.....9

A12.

Could you be in this plan if you wanted to?

INAP.....	0	
YES.....	1	
NO.....	5	A12b
DK.....	8	
RF.....	9	

A12a.

Why aren't you in this plan?

[IWER: DO NOT READ OPTIONS. CHECK MAIN REASON ONLY.]

INAP.....	00	A14a
COVERED BY ANOTHER PLAN.....	01	A14a
TRADED HEALTH INSURANCE FOR HIGHER PAY.....	02	A14a
TOO EXPENSIVE.....	03	A14a
DON'T NEED HEALTH INSURANCE.....	04	A14a
HAVE A PRE-EXISTING CONDITION.....	05	A14a
HAVEN'T WORKED FOR EMPLOYER LONG ENOUGH TO BE COVERED.....	06	A14a
CONTRACT OR TEMPORARY EMPLOYEES NOT ALLOWED IN PLAN.....	07	A14a
OTHER(SPECIFY).....	08	A14a
DK.....	98	A14a
RF.....	99	A14a

A12b.

Why can't you be in this plan?

[IWER: DO NOT READ OPTIONS. CHECK MAIN REASON ONLY.]

INAP.....	00	A14a
DON'T WORK ENOUGH HOURS PER WEEK OR WEEKS PER YEAR.....	01	A14a
CONTRACT OR TEMPORARY EMPLOYEES NOT ALLOWED IN PLAN.....	02	A14a
HAVEN'T WORKED FOR EMPLOYER LONG ENOUGH TO BE COVERED.....	03	A14a
HAVE A PRE-EXISTING CONDITION.....	04	A14a
TOO EXPENSIVE.....	05	A14a
OTHER(SPECIFY).....	06	A14a
DK.....	98	A14a
RF.....	99	A14a

A13.

Does (your employer, union, your temporary help agency, or contact company) pay for all, part, or none of the insurance premiums?

INAP.....	0
ALL.....	1

PART.....	2
NONE.....	3
DK.....	8
RF.....	9

A14.

Does your employer provide any of the following
benefits to you:

PRESS "Y" FOR "YES" AND "N" FOR "NO"

a. Paid Sick Leave?

YES.....	1
NOT NOW BUT WILL HAVE IT LATER.....	3
NO.....	5
DK.....	8
RF.....	9

b. Paid vacation (paid annual leave)?

YES.....	1
NOT NOW BUT WILL HAVE IT LATER.....	3
NO.....	5
DK.....	8
RF.....	9

A14.

(Does your employer provide any of the following
benefits to you:)

PRESS "Y" FOR "YES" AND "N" FOR "NO"

c. Financial help with child care, either at work
or elsewhere?

YES.....	1
NOT NOW BUT WILL HAVE IT LATER.....	3
NO.....	5
DK.....	8
RF.....	9

d. Retirement benefits?

YES.....	1
NOT NOW BUT WILL HAVE IT LATER.....	3
NO.....	5
DK.....	8
RF.....	9

A15.

Does your job offer training or education so you can improve your job
skills?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

A16.

Does your job offer opportunities to move up in
the organization?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

A17.

Have you received a pay raise at your job?

INAP.....	0	
YES.....	1	
NO.....	5	A18
DK.....	8	
RF.....	9	

A17a.

When was your most recent pay raise?

IF R SAID A SEASON, WRITE AN F2 NOTE AND CODE AS FOLLOWS:

SPRING
SUMMER
FALL
WINTER

MONTH:

JANUARY.....	01
FEBRUARY.....	02
MARCH.....	03
APRIL.....	04
MAY.....	05
JUNE.....	06
JULY.....	07
AUGUST.....	08
SEPTEMBER.....	09
OCTOBER.....	10
NOVEMBER.....	11
DECEMBER.....	12
SPRING.....	13
SUMMER.....	14
FALL.....	15
WINTER.....	16

YEAR:

A18.

Do you receive advanced payment of the Earned Income Credit
(EIC/EITC) in your paycheck from your employer?

[DEF: Some workers are eligible to receive the earned income
(tax) credit also called EIC or EITC. It reduces the tax the
worker owes and it may give the worker a cash refund even if
she/he doesn't owe any tax. Workers generally receive the EIC
after they file their federal income taxes, but some can receive
advance payments of the EIC directly from their employers.
The maximum credit is almost \$4,000, and almost \$1,400 can be
received in advance.]

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

A19.

~IF A3(NO *OR* DK *OR* RF)

Does your employer require you to purchase a uniform, special
clothes, tools or equipment for this job?

~ELSE A3(YES)

Does your employer require you to purchase a uniform, special
clothes, tools or equipment for your main job?

~END

INAP.....	0
YES.....	1
NO.....	5 A20
DK.....	8
RF.....	9

A19b.

Did you get help from welfare office to pay for these items?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

A20.

Which of the following best describes your usual weekly work schedule at your job?

[IWER: READ ALL OPTIONS. CHOOSE ONLY ONE RESPONSE.]

INAP.....	0
Regular Day Time Shift.....	1
Regular Evening Shift.....	2
Regular Night Shift.....	3
Rotating Shift (Changes Regularly from Days to Eves to Nights).....	4
Irregular Schedule (Changes Day to Day).....	5
OTHER(SPECIFY).....	6
DK.....	8
RF.....	9

A21.

How do you usually get to this job?

[IWER: DO NOT READ LIST. CHECK ALL THAT APPLY.]

DRIVE YOUR OWN CAR.....	1,
DRIVE SOMEONE ELSE'S CAR.....	2,
WALK.....	3,
GET A RIDE WITH SOMEONE ELSE.....	4,
RIDE A BUS, METRO, OR OTHER PUBLIC TRANSPORTATION.....	5,
GET THERE SOME OTHER WAY.....	6,
R WORKS AT HOME.....	7, A23 Years
DK.....	8,
RF.....	9,

A22.

How long does it usually take you to travel to this job from your home one way?

[PROBE: Your best guess is fine]

[ENTER "0" FOR HOURS IF LESS THAN 1 HOUR.]

HOURS: ____

MINUTES: ____

<<IF:A22 Hours(0 *AND* 0) *AND* A22 Minutes(0 *AND* 0)>>
<<BACK to:A22 Hours>>

<<IF:A21(WALK)>>
<<SKIP to:A23 Years>>

A22a.

How much does it cost you to travel to work and back each day?

IWER: PROBE QUALIFIED ANSWER, RANGE, OR DK:
What's your best estimate?

0 - 999.96 ACTUAL DOLLAR AMOUNT
999.97 \$999.97 OR MORE

COST: _____

A23.

How long have you worked on this job?

[ENTER "0" FOR YEARS IF LESS THAN 1 YEAR]

[ENTER "0" FOR MONTHS IF LESS THAN 1 MONTH]

___ YEARS

___ MONTHS

___ DAYS

<<IF:A23 Years(0 *AND* 0) *AND* A23 Months(0 *AND* 0) *AND* A23 Days(0 *AND* 0)>>
<<BACK to:A23 Years>>

A24.

Have you worked at jobs, other than the one(s) at which you
currently work, since leaving TANF in MONTH OF LE 1998?

INAP.....	0	
YES.....	1	
NO.....	5	A24d
DK.....	8	
RF.....	9	

A24a.

How many employers, including your current employer(s) have
you worked for since MONTH OF LE 1998?

___ NUMBER OF EMPLOYERS

A24b.

What was the main reason you left the first job you
you were working at after leaving TANF in MONTH OF LE 1998?

[IWER: DO NOT READ LIST. CHECK MAIN REASON ONLY.]

BETTER JOB OFFER.....	01
COMMUTE WAS TOO HARD.....	02
EMPLOYER WENT OUT OF BUSINESS.....	03
FIRED.....	04
LAID OFF.....	05
PERSONAL HEALTH REASONS.....	06
PREGNANCY/BIRTH.....	07
TO CARE FOR MY SICK CHILD/RELATIVE.....	08
I NEED MEDICAID FOR MY FAMILY AND MYSELF.....	09
CHILD CARE DIFFICULTIES.....	10
RETURNED TO SCHOOL.....	11
TEMPORARY JOB.....	12
PAY WAS TOO LOW.....	13
LOOK FOR A BETTER JOB.....	14
HAS NOT LEFT THE FIRST JOB.....	15
OTHER (SPECIFY).....	97
DK.....	98
RF.....	99

A24c.

How many weeks have you worked since MONTH OF LE 1998?
Include weeks with a job but not at work because you
were sick or on vacation.

___ NUMBER OF WEEKS

[ENTER "96" FOR ALL WEEKS]

A24d.

Over the last 5 years, how many years have you worked
for at least half the year?

___ NUMBER OF YEARS

[ENTER "0" FOR NONE]

<<IF:A1a(YES) *OR* A1(YES)>>
<<SKIP to:A24f>>

A24e.

Have you ever worked since MONTH OF LE 1998?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

A25

A24f.

Did you work around the time you left TANF

in MONTH OF LE 1998?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

A24g.

~IF A24f(YES) *OR* A24f(YES) *AND* A24(YES *OR* DK *OR* RF)

Think about the job that you had around the time you
left TANF in MONTH OF LE 1998; what are all the things you did
to find that job?

~ELSE A24(NO *OR* DK *OR* RF)

What are all the things you did to find your job?

~ELSE A24f(NO *OR* DK *OR* RF) *OR* A24f(NO *OR* DK *OR* RF) *AND* A24(YES)

Think about the first job you had since leaving TANF in
MONTH OF LE 1998; what are all the things you did to find that job?

~ELSE

What are all the things you did to find your job?

~END

[IWER: DO NOT READ LIST. CHECK ALL THAT APPLY.]

CONTACTED EMPLOYER.....01,
CONTACTED PUBLIC EMPLOYMENT AGENCY PROGRAMS/
COURSES.....02,
CONTACTED FRIENDS OR RELATIVES.....03,
CONTACTED SCHOOL/COMMUNITY GROUP EMPLOYMENT
CENTER.....04,
SENT OUT RESUMES/FILLED OUT APPLICATIONS.....05,
CHECKED UNION/PROFESSIONAL REGISTERS.....06,
PLACED OR ANSWERED ADS.....07,
LOOKED AT HELP WANTED SIGNS.....08,
LOOKED AT ADS.....09,
ATTENDED JOB TRAINING.....10,
OTHER (SPECIFY).....11,
DK.....98,
RF.....99,

A24h.

~IF A24f(YES) *OR* A24f(NO *OR* DK *OR* RF) *AND* A24(YES)

How many weeks did it take you to find that job?

~ELSE

How many weeks did it take you to find your job?

~END

___ NUMBER OF WEEKS

[ENTER "1" IF LESS THAN 1 WEEK]

A24i.

~IF A24f(YES)

Before taking that job,

~ELSE

Before taking your job,

~END

in what states, counties, or cities, did you look
for work?

[IWER: DO NOT READ LIST. CHECK ALL THAT APPLY.
PROBE FOR GEOGRAPHIC AREAS.]

WASHINGTON D.C.....	01,
PRINCE GEORGES COUNTY, MD.....	02,
ARLINGTON, VA.....	03,
ALEXANDRIA, VA.....	04,
FAIRFAX, VA.....	05,
MONTGOMERY COUNTY, MD.....	06,
ELSEWHERE IN THE D.C. AREA (SPECIFY).....	07,
OTHER (SPECIFY).....	08,
DK.....	98,
RF.....	99,

<<IF:A24i(ANSWERED) *AND* A1a(YES) *OR* A1(YES)>>

<<SKIP to:TIME B>>

A25.

Have you looked for a paying job in the last 4 weeks?

INAP.....	0	
YES.....	1	
NO.....	5	A26
DK.....	8	
RF.....	9	

A25a.

What are all the things you have done to find work
during the last 4 weeks?

[IWER: DO NOT READ LIST. CHECK ALL THAT APPLY.]

CONTACTED EMPLOYER.....	01,
CONTACTED PUBLIC EMPLOYMENT AGENCY PROGRAMS/ COURSES.....	02,
CONTACTED FRIENDS OR RELATIVES.....	03,
CONTACTED SCHOOL/COMMUNITY GROUP EMPLOYMENT CENTER.....	04,
SENT OUT RESUMES/FILLED OUT APPLICATIONS.....	05,
CHECKED UNION/PROFESSIONAL REGISTERS.....	06,
PLACED OR ANSWERED ADS.....	07,

LOOKED AT HELP WANTED SIGNS.....08,
LOOKED AT ADS.....09,
ATTENDED JOB TRAINING.....10,
OTHER (SPECIFY).....11,
DK.....98,
RF.....99,

A25b.

In the last 4 weeks, have you looked for work outside
of the District of Columbia?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

<<IF:A25b(NO *OR* DK *OR* RF) *AND* A24e(YES)>>
<<SKIP to:A28>>

<<IF:A25b(NO *OR* DK *OR* RF) *AND* A24e(NO)>>
<<SKIP to:A32>>

A25c.

Where have you looked for work?

[IWER: DO NOT READ LIST. CHECK ALL THAT APPLY.]

WASHINGTON D.C.....	01,
PRINCE GEORGES COUNTY, MD.....	02,
ARLINGTON, VA.....	03,
ALEXANDRIA, VA.....	04,
FAIRFAX, VA.....	05,
MONTGOMERY COUNTY, MD.....	06,
ELSEWHERE IN THE D.C. AREA (SPECIFY).....	07,
OTHER (SPECIFY).....	08,
DK.....	98,
RF.....	99,

<<IF:A25b(YES) *AND* A24e(YES)>>
<<SKIP to:A28>>

<<IF:A25b(YES) *AND* A24e(NO *OR* DK *OR* RF)>>
<<SKIP to:A32>>

A26.

What is the main reason you were not looking for work
during the last 4 weeks?

[IWER: DO NOT READ LIST. CHECK ONLY ONE RESPONSE.]

NONE AVAILABLE IN LINE OF WORK OR AREA.....	01
COULDN'T FIND ANY WORK.....	02
LACKS NECESSARY SCHOOLING, TRAINING, SKILLS OR EXPERIENCE.....	03
EMPLOYERS THINK TOO YOUNG OR TOO OLD.....	04
OTHER TYPES OF DISCRIMINATION.....	05
CHILD CARE PROBLEMS.....	06
FAMILY RESPONSIBILITIES.....	07
IN SCHOOL OR OTHER TRAINING.....	08
ILL HEALTH, PHYSICAL DISABILITY.....	09
PREGNANCY/BIRTH.....	10
TRANSPORTATION PROBLEMS.....	11
RECEIVING TANF.....	12
OTHER (SPECIFY).....	13
DK.....	98
RF.....	99

<<IF:A24e(YES)>>

<<SKIP to:A28>>

<<IF:A24e(NO *OR* DK *OR* RF)>>

<<SKIP to:A32>>

A28.

How many weeks did you work since MONTH OF LE 1998?
Include weeks with a job but not at work because you
were sick or on vacation.

___ NUMBER OF WEEKS

[ENTER "1" IF LESS THAN 1 WEEK]

A29.

How many employers did you work for since MONTH OF LE 1998?

___ NUMBER OF EMPLOYERS

A30.

What is the main reason you left your last job?

[IWER: DO NOT READ LIST. CHECK ALL THAT APPLY.]

BETTER JOB OFFER.....	01,
COMMUTE WAS TOO HARD.....	02,
EMPLOYER WENT OUT OF BUSINESS.....	03,
FIRED.....	04,
LAI D OFF.....	05,
PERSONAL HEALTH REASONS.....	06,
PREGNANCY/BIRTH.....	07,
TO CARE FOR MY SICK CHILD/RELATIVE.....	08,
I NEED MEDICAID FOR MY FAMILY AND MYSELF.....	09,
CHILD CARE DIFFICULTIES.....	10,
RETURNED TO SCHOOL.....	11,
TEMPORARY JOB.....	12,
PAY WAS TOO LOW.....	13,
LOOK FOR A BETTER JOB.....	14,
OTHER (SPECIFY).....	15,
DK.....	98,
RF.....	99,

A31.

How long has it been since you last worked
for pay or profit?

AMOUNT: ____

UNIT OF TIME:

DAYS.....	1
WEEKS.....	2
MONTHS.....	3
YEARS.....	4

<<IF:A31(> 3) *AND* A31(YEARS)>>

<<BACK to:A31>>

<<IF:A31(> 36) *AND* A31(MONTHS)>>

<<BACK to:A31>>

Now I'd like you to think about the things that prevent you from
working for pay. What prevents you from working for pay?

[PROBE: Anything else that prevents you?]

[IWER: DO NOT READ LIST. CHECK ALL THAT APPLY.]

RETURNED TO TANF OR WELFARE.....	01,
CAN'T FIND A JOB.....	02,
HAVE NO TRANSPORTATION.....	03,
LACK CHILD CARE.....	04,
LOSE/DELAY BENEFITS IF WORKING.....	05,
LACK SKILLS/EXPERIENCE.....	06,
CAN'T FIND JOB THAT PAYS ENOUGH.....	07,
PERSONAL HEALTH REASONS.....	08,
CARE FOR ANOTHER.....	09,
IN JOB TRAINING.....	10,
IN SCHOOL.....	11,
TOO YOUNG.....	12,
TOO OLD.....	13,
WANT TO STAY HOME WITH CHILDREN.....	14,
CAN'T GET TO JOB ON TIME.....	15,
CURRENTLY OR RECENTLY PREGNANT.....	16,
STARTING A BUSINESS/HELPING FAMILY BUSINESS.....	17,
TAKING CARE OF HOME & FAMILY.....	18,
OTHER (SPECIFY).....	19,
DK.....	98,
RF.....	99,

TIME B. START TIME B: _____

B1.

Currently, what is the number of children in your household
under 18 that you are responsible for?

DEF: Include all biological, adoptive, step, or foster children
currently living in the HH. Also include any other child
whose day-to-day care R feels primarily responsible for
(she buys the food they eat, makes sure they are adequately
supervised, makes sure they get to school, etc.)

___ NUMBER OF DEPENDENT CHILDREN

[ENTER "0" FOR NONE]

<<IF:B1(0)>>
<<SKIP to:B5>>

B1a.

~IF B1(1)
How old is this child?
~ELSE B1(> 1)
How old is the youngest child?
~END

___ AGE OF CHILD

[ENTER "1" IF LESS THAN 1 YEAR OF AGE]

<<IF:A1a(NO *OR* DK *OR* RF)>>
<<SKIP to:B5>>

B2.

Who takes care of your children when you are working?

[IWER: DO NOT READ LIST. CHECK ALL THAT APPLY.]

DON'T NEED CHILD CARE.....01, B4b
AN OLDER CHILD.....02,
AN ADULT FRIEND/RELATIVE IN MY/OUR HOME.....03,
AN ADULT FRIEND/RELATIVE IN THEIR HOME.....04,
A BABYSITTER IN MY/OUR HOME.....05,
CHILD(REN) TAKE(S) CARE OF THEMSELVES.....06,
CHILD(REN) IN SCHOOL.....07,
A LICENSED/REGISTERED CHILD CARE PROVIDER
(HEAD START).....08,
FAMILY DAY CARE.....09,

AFTER SCHOOL DAY CARE.....	10,
OTHER (SPECIFY).....	11,
DK.....	98,
RF.....	99,

B3.

About how much money do you spend on child care during the month?

IWER: PROBE QUALIFIED ANSWER, RANGE, OR DK:
What's your best estimate?

0 - 9999.96 ACTUAL DOLLAR AMOUNT
9999.97 \$9,999.97 OR MORE

COST: _____

B3a.

How much do you pay out of pocket (during the month)?

IWER: PROBE QUALIFIED ANSWER, RANGE, OR DK:
What's your best estimate?

0 - 9999.96 ACTUAL DOLLAR AMOUNT
9999.97 \$9,999.97 OR MORE

COST: _____

<<IF:B3a(0)>>
<<SKIP to:B4a>>

<<IF:B3a(> B3)>>
<<BACK to:B3a>>

B4.

Do you get help paying for your child care, such as a discount,
a voucher, or someone making a co-payment?

INAP.....	0	B5
YES.....	1	B5
NO.....	5	B5
DK.....	8	B5
RF.....	9	B5

B4a.

Does anyone pay for all or part of your child care?

INAP.....	0	B5
YES.....	1	B5
NO.....	5	B5
DK.....	8	B5

B4b.

Why don't you need child care?

[IWER: DO NOT READ LIST. CHECK ALL THAT APPLY.]

CHILD(REN) IN SCHOOL WHILE I WORK.....	01,
CHILD(REN) LOOK AFTER THEMSELVES.....	02,
AN OLDER CHILD WATCHES THEM.....	03,
AN ADULT FRIEND/RELATIVE WATCHES THEM IN MY HOME.....	04,
AN ADULT FRIEND/RELATIVE WATCHES THEM IN THEIR HOME.....	05,
OTHER (SPECIFY).....	06,
DK.....	98,
RF.....	99,

B5.

Are there any other children under 18 living in your household?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

B6.

Do you have any children under 18 living outside your household?
(For example, with their father or grandparent?)

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

B7.

Is there anybody over age 18 who lives with you?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

B13b

B8.

How many people over age 18 live with you?

___ NUMBER OF PEOPLE

B9.

~IF B8(1)

Is this a spouse, partner or significant other?

~ELSE

Is one of these a spouse, partner or significant other?

~END

INAP.....	0	
YES.....	1	
NO.....	5	B13a
DK.....	8	
RF.....	9	

B10.

Does this person now work at a job for pay?

INAP.....	0	
YES.....	1	
NO.....	5	B12 Years
DK.....	8	
RF.....	9	

B11.

How much is your (spouse/partner) paid for all jobs/businesses he/she worked at last week? That is before taxes and other deductions.

IF SPOUSE/PARTNER IS PAID ON COMMISSION, ASK FOR MONTHLY AVERAGE

IWER: PROBE QUALIFIED ANSWER, RANGE, OR DK:

What's your best estimate?

1 - 9999999.96 ACTUAL DOLLAR AMOUNT
9999999.97 \$9,999,999.97 OR MORE

SALARY: _____

PAID PER:

INAP.....	0
BY PIECE.....	1
HOUR.....	2
DAY.....	3
WEEK.....	4
BIWEEKLY.....	5
MONTH.....	6
YEAR.....	7
DK.....	8
RF.....	9

B11a.

On average, how many hours does your (spouse/partner) usually
work each week at all jobs together?

___ NUMBER OF HOURS

B12.

How long have you and your (spouse/partner) been
together/married?

[ENTER "0" FOR YEARS IF LESS THAN 1 YEAR]

___ YEARS

___ MONTHS

<<IF:B12 Years(0 *AND* 0) *AND* B12 Months(0 *AND* 0)>>
<<BACK to:B12 Years>>

<<IF:B8(1) *AND* B9(YES)>>
<<SKIP to:B13b>>

B13a-HHL.

Next, I would like to know about other adults who live in your
household. I don't need anyone's name, just their age, gender
and relationship to you. Let's start with you -- how old are you?
(Does anyone else live there with you?)

[IWER: LIST ALL OF THE ADULTS WHO LIVE IN THIS HU]

REL TO INF	AGE	GENDER
H8^EDITCSXM274(1/10)="	(4,18)	^EDITAGE"(28,5)
		^EDITGENDER"(38,5)

LISTING COMPLETE.....1

[PRESS F10 TO CONTINUE]

<<IF:B12 Months(> 1)>>
<<SKIP to:B13e>>

<<IF:B9(YES)>>
<<SKIP to:B13e>>

B13b.

In the time since you left TANF in MONTH OF LE 1998, have any of the
following things happened to you?

Did you start living with a partner?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

B13c.

In the time since you left TANF in MONTH OF LE 1998,
did you get married?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

B13d.

In the time since you left TANF in MONTH OF LE 1998,
did you stop living with a partner, or spouse?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

B13e.

In the time since you left TANF in MONTH OF LE 1998,
did you move in with another household because you needed
a place to live?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

B13f.

In the time since you left TANF in MONTH OF LE 1998,
did you take in family or friends because they needed
a place to live?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

B13g.

In the time since you left TANF in MONTH OF LE 1998,

did you start taking in boarders or roommates to
help pay expenses?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

B13h.

In the time since you left TANF in MONTH OF LE 1998,
did you get your own place so you wouldn't have to share
with family or friends?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

B13i.

In the time since you left TANF in MONTH OF LE 1998,
did any child of yours under age 18 leave and go to live
somewhere else over the past 12 months?
Please include any adopted and foster children you or
your (spouse/partner) may have.

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

B13j.

In the time since you left TANF in MONTH OF LE 1998,
did any child of yours under age 18 return home after
living somewhere else?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

<<IF:B13i(NO *OR* DK *OR* RF)>>
<<SKIP to:B14>>

B13k.

How many children under age 18 left to live somewhere else?

___ NUMBER OF CHILDREN

B13l.

~IF B13k(1)

Where does the child live now?

~ELSE B13k(> 1)

Where do the children live now?

~END

[IWER: DO NOT READ LIST. CHECK ALL THAT APPLY.]

WITH MATERNAL GRANDPARENT.....01,
WITH OTHER MATERNAL RELATIVE.....02,
WITH CHILD'S OWN FATHER.....03,
WITH PATERNAL RELATIVE.....04,
IN FOSTER CARE.....05,
ALONE/WITH FRIENDS OR PARTNER.....06,
IN SCHOOL AWAY FROM HERE.....07,
IN JUVENILE FACILITY OR JAIL.....08,
IN MILITARY.....09,
IN HOSPITAL.....10,
NOW LIVING IN MY HOME.....11,
OTHER (SPECIFY).....12,
DK.....98,
RF.....99,

B14.

Starting from the first grade, how many years of formal
schooling have you completed?

___ YEARS

B15.

What is the highest academic degree that you have completed?

IF R SAYS "SOME COLLEGE BUT NO DEGREE" ASK:
Did you get a high school diploma or GED?

[DO NOT READ OPTIONS. CHECK ONE OPTION ONLY.]

INAP.....00
LESS THAN HIGH SCHOOL DIPLOMA OR GED.....01
GED.....02
HIGH SCHOOL.....03
SOME TRADE SCHOOL, BUT DID NOT COMPLETE
DEGREE.....04
TRADE SCHOOL DEGREE.....05
SOME COLLEGE BUT DID NOT COMPLETE DEGREE.....06

TWO-YEAR COLLEGE DEGREE(AA/AS).....	07
FOUR-YEAR COLLEGE DEGREE(BA/BS).....	08
SOME GRADUATE SCHOOL, BUT DIDN'T COMPLETE DEGREE.....	09
A GRADUATE OR PROFESSIONAL DEGREE(MA,MS,PHD,MD,JD,DVM).....	10
NO HIGH SCHOOL/GED, BUT SOME COLLEGE.....	11
OTHER(SPECIFY).....	12
DK.....	98
RF.....	99

B16.

Have you ever been in a non-academic training program,
including on the job training?

INAP.....	0	
YES.....	1	
NO.....	5	B17
DK.....	8	
RF.....	9	

B16a.

Have you ever been in a non-academic training program,
including on the job training since leaving TANF
in MONTH OF LE 1998?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

B17.

Now, I'd like to ask you about your housing.

Do you...

[READ ALL OPTIONS BELOW. CHOOSE ONLY ONE RESPONSE.]

Own your own home.....	1
Rent your own home.....	2
Live with other people and not pay rent.....	3
Live with other people and pay some rent.....	4
Some other arrangement.....	5
DK.....	8
RF.....	9

B18.

How many times have you moved since leaving
TANF (in MONTH OF LE 1998)?

___ TIMES

[ENTER "0" FOR NONE]

<<IF:B18(0)>>

<<SKIP to:TIME C>>

B19.

~IF B18(1)

What was the main reason for that move?

~ELSE

What was the main reason for your most recent move?

~END

[IWER: DO NOT READ OPTIONS. CHECK MAIN REASON ONLY.]

INAP.....	00
RENT INCREASE.....	01
TO REDUCE RENT.....	02
EVICTED/DISPUTE WITH LANDLORD.....	03
FORCED TO LEAVE BY GOV'T/HOUSING AGENCY.....	04
KICKED OUT AFTER DISPUTE WITH HOUSEHOLD MEMBERS.....	05
FOR A BIGGER,BETTER, OR NEWER PLACE.....	06
FOR A SMALLER PLACE.....	07
FOR A BETTER NEIGHBORHOOD.....	08
FOR A MORE CONVENIENT LOCATION.....	09
WANTED TO OWN PLACE/TIRED OF SHARING.....	10
BOUGHT A HOME.....	11
GOT MARRIED,DIVORCED,SEPARATED OR WIDOWED.....	12
OTHER(SPECIFY).....	13
DK.....	98
RF.....	99

TIME C. START TIME C: _____

C1a.

Next, I will read a list of benefit programs and types
of support. For each type, I'd like you to tell me whether
you or someone in your home got this.

At any time since MONTH OF LE 1998 have you (or someone else
in your home) received...

Cash from TANF?

INAP.....	0	
YES.....	1	
NO.....	5	C1b
DK.....	8	
RF.....	9	

C2a.

In this last month, did anyone in your home receive...

Cash from TANF?

INAP.....	0	
YES.....	1	
NO.....	5	
DK.....	8	
RF.....	9	

C1b.

At any time since MONTH OF LE 1998 have you (or someone else
in your home) received...

Food Stamps?

INAP.....	0	
YES.....	1	
NO.....	5	C1c
DK.....	8	
RF.....	9	

C2b.

In this last month, did anyone in your home receive...

Food Stamps?

INAP.....	0	
YES.....	1	
NO.....	5	
DK.....	8	
RF.....	9	

C1c.

At any time since MONTH OF LE 1998 have you (or someone else
in your home) received...

Child care assistance from welfare office?

INAP.....	0	
YES.....	1	
NO.....	5	C1c1
DK.....	8	
RF.....	9	

C2c.

In this last month, did anyone in your home receive...

Child care assistance from welfare office?

INAP.....	0	
YES.....	1	
NO.....	5	
DK.....	8	
RF.....	9	

C1c1.

At any time since MONTH OF LE 1998 have you (or someone else
in your home) received...

Child care assistance from private sources/church?

INAP.....	0	
YES.....	1	
NO.....	5	C1d
DK.....	8	
RF.....	9	

C2c1.

In this last month, did anyone in your home receive...

Child care assistance from private sources/church?

INAP.....	0	
YES.....	1	
NO.....	5	
DK.....	8	
RF.....	9	

C1d.

(At any time since MONTH OF LE 1998 have you (or someone else
in your home) received...)

Child support from a child's parent?

INAP.....	0	
YES.....	1	
NO.....	5	C1e
DK.....	8	
RF.....	9	

C2d.

In this last month, did anyone in your home receive...

Child support from a child's parent?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

C1e.

(At any time since MONTH OF LE 1998 have you (or someone else in your home) received...)

Social Security?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

C1f

C2e.

In this last month, did anyone in your home receive...

Social Security?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

C1f.

(At any time since MONTH OF LE 1998 have you (or someone else in your home) received...)

SSI for you or your spouse or another adult?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

C1g

C2f.

In this last month, did anyone in your home receive...

SSI for you or your spouse or another adult?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

C1g.

(At any time since MONTH OF LE 1998 have you (or someone else
in your home) received...)

SSI for child(ren)?

INAP.....	0	
YES.....	1	
NO.....	5	C1h
DK.....	8	
RF.....	9	

C2g.

In this last month, did anyone in your home receive...

SSI for child(ren)?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

C1h.

(At any time since MONTH OF LE 1998 have you (or someone else
in your home) received...)

Money from any retirement or pension fund?

INAP.....	0	
YES.....	1	
NO.....	5	Q-334T
DK.....	8	
RF.....	9	

C2h.

In this last month, did anyone in your home receive...

Money from any retirement or pension fund?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

<<IF:B1a(> 3) *OR* B1(0)>>

<<SKIP to:C1j>>

C1i.

(At any time since MONTH OF LE 1998 have you (or someone else
in your home) received...)

WIC Supplemental Nutrition benefits?

INAP.....	0
YES.....	1

NO.....	5	C1j
DK.....	8	
RF.....	9	

C2i

In this last month, did anyone in your home receive...

WIC Supplemental Nutrition benefits?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

C1j.

(At any time since MONTH OF LE 1998 have you (or someone else in your home) received...)

Payments for doing foster care?

INAP.....	0
YES.....	1
NO.....	5 C1k
DK.....	8
RF.....	9

C2j.

In this last month, did anyone in your home receive...

Payments for doing foster care?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

C1k.

(At any time since MONTH OF LE 1998 have you (or someone else in your home) received...)

Military veterans' medical benefits?

INAP.....	0
YES.....	1
NO.....	5 C1l
DK.....	8
RF.....	9

C2k.

In this last month, did anyone in your home receive...

Military veterans' medical benefits?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

C11.

(At any time since MONTH OF LE 1998 have you (or someone else
in your home) received...)

Workers' Compensation?

INAP.....	0	
YES.....	1	
NO.....	5	C1m
DK.....	8	
RF.....	9	

C21.

In this last month, did anyone in your home receive...

Workers' Compensation?

INAP.....	0	
YES.....	1	
NO.....	5	
DK.....	8	
RF.....	9	

C1m.

(At any time since MONTH OF LE 1998 have you (or someone else
in your home) received...)

Unemployment benefits?

INAP.....	0	
YES.....	1	
NO.....	5	C1n
DK.....	8	
RF.....	9	

C2m.

In this last month, did anyone in your home receive...

Unemployment benefits?

INAP.....	0	
YES.....	1	
NO.....	5	
DK.....	8	
RF.....	9	

C1n.

(At any time since MONTH OF LE 1998 have you (or someone else
in your home) received...)

Fuel assistance?

INAP.....	0	
YES.....	1	
NO.....	5	C1o

DK.....	8
RF.....	9

C2n.

In this last month, did anyone in your home receive...

Fuel assistance?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

C1o.

(At any time since MONTH OF LE 1998 have you (or someone else in your home) received...)

Rent subsidy or public housing?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

C1p

C2o.

In this last month, did anyone in your home receive...

Rent subsidy or public housing?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

C1p.

(At any time since MONTH OF LE 1998 have you (or someone else in your home) received...)

Help in paying bills from family or friends
who do not live with you?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

C1q

C2p.

In this last month, did anyone in your home receive...

Help in paying bills from family or friends
who do not live with you?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

C1q.

(At any time since MONTH OF LE 1998 have you (or someone else
in your home) received...)

Money or other types of support from any
other souces that I didn't mention?

[PROBE: anything else?]

INAP.....	0	
YES.....	1	
NO.....	5	C3
DK.....	8	
RF.....	9	

C2q.

In this last month, did anyone in your home receive...

Money or other types of support from any
other souces that I didn't mention?

[PROBE: anything else?]

INAP.....	0	
YES.....	1	
NO.....	5	
DK.....	8	
RF.....	9	

<<IF:C2q(NO *OR* DK *OR* RF) *AND* C1q(*NOT* YES)>>
<<SKIP to:C3>>

C2q OTHER.

~IF C1q(YES) *AND* C2q(NO *OR* DK *OR* RF)

You said you received money or other types of support from
other souces since MONTH OF LE 1998.

~END

(What was that?)

[PROBE: anything else?]

C3.

Considering all income from all sources, what was your household's
total income last month?
That is before taxes and other deductions.

IF R IS PAID ON COMMISSION, ASK FOR MONTHLY AVERAGE

IWER: PROBE QUALIFIED ANSWER, RANGE, OR DK:
What's your best estimate?

1 - 9999999.96 ACTUAL DOLLAR AMOUNT
9999999.97 \$9,999,999.97 OR MORE

INCOME: _____

C4.

Did you receive Earned Income Tax Credit
after filing your income taxes?

[DEF: Some workers are eligible to receive the earned income
(tax) credit also called EIC or EITC. It reduces the tax the
worker owes and it may give the worker a cash refund even if
she/he doesn't owe any tax. Workers generally receive the EIC
after they file their federal income taxes, but some can receive
advance payments of the EIC directly from their employers.
The maximum credit is almost \$4,000, and almost \$1,400 can be
received in advance.]

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

<<IF:C1b(YES) *OR* C2b(YES)>>

<<SKIP to:C6>>

C5.

You mentioned that no one in your household has received
food stamps since MONTH OF LE 1998. Why not?

[PROBE IF RESPONDENT SAYS "NOT ELIGIBLE" TO DETERMINE
IF ANSWER IS "1" OR "4."]

[DO NOT READ OPTIONS. CHECK MAIN REASON ONLY.]

INAP.....	0
DIDN'T THINK I COULD GET THEM.....	1
DIDN'T NEED THEM.....	2
TOO MUCH HASSLE.....	3
I WAS DENIED.....	4
OTHER(SPECIFY).....	5
DK.....	8
RF.....	9

<<IF:C1a(NO *OR* DK *OR* RF)>>

<<SKIP to:TIME D>>

C6.

You've said that someone in your home received TANF after
MONTH OF LE 1998. Did you receive TANF after MONTH OF LE 1998?

INAP.....	0
YES.....	1
NO.....	5 TIME D
DK.....	8
RF.....	9

C7.

Why did you return to TANF?

[IWER: DO NOT READ LIST. CHECK ALL THAT APPLY.]

LOST JOB(SELF/SPOUSE).....01,
I WAS WORKING BUT INCOME WAS NOT SUFFICIENT
FOR NEEDS.....02,
LOSS OF FINANCIAL SUPPORT OF SPOUSE/
BOYFRIEND/CHILD'S FATHER.....03,
LOSS OF BENEFITS FROM ANOTHER GOV'T AGENCY.....04,
I HAD A PROBLEM WITH SHELTER/HOUSING.....05,
MY FRIENDS/FAMILY CAN NO LONGER AFFORD TO
GIVE ME MONEY.....06,
I HAVE A SUBSTANCE ABUSE(ALCOHOL/DRUG)
PROBLEM.....07,
DID WHAT I HAD TO DO TO
REQUALIFY(COMPLIANCE).....08,
OTHER (SPECIFY).....09,
DK.....98,
RF.....99,

TIME D. START TIME D: _____

D0.

Are there any problems with your housing that sometimes causes you difficulty such as leaky ceiling, broken windows, any problems with plumbing, running water, heat, rats, or bugs?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

D1.

I will read a list of things that may have happened to you while you were receiving TANF. Each question can be answered "yes" or "no".

Have you ever gotten behind in rent or other payment for housing?

INAP.....	0	
YES.....	1	
NO.....	5	D2
DK.....	8	
RF.....	9	

D1a.

Did this happen to you while you were receiving TANF?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

D1b.

Has this happened to you since leaving TANF in MONTH OF LE 1998?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

D2.

Did you ever have to move because you could not pay for housing?

INAP.....	0	
YES.....	1	
NO.....	5	D3
DK.....	8	
RF.....	9	

D2a.

Did this happen to you while you were receiving TANF?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

D2b.

Has this happened to you since leaving TANF in MONTH OF LE 1998?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

D3.

Did you ever get behind on a utility bill?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

D4

D3a.

Did this happen to you while you were receiving TANF?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

D3b.

Has this happened to you since leaving TANF in MONTH OF LE 1998?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

D4.

Did you ever go without electricity in your home?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

D5

D4a.

Did this happen to you while you were receiving TANF?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

D4b.

Has this happened to you since leaving TANF in MONTH OF LE 1998?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

D5.

Did you ever go without heat in your home?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

D6

D5a.

Did this happen to you while you were receiving TANF?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

D5b.

Has this happened to you since leaving TANF in MONTH OF LE 1998?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

D6.

Did your water get cut off?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

D7

D6a.

Did this happen to you while you were receiving TANF?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

D6b.

Has this happened to you since leaving TANF in MONTH OF LE 1998?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

D7.

Did you have to go to a homeless shelter?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

D8

D7a.

Did this happen to you while you were receiving TANF?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

D7b.

Has this happened to you since leaving TANF in MONTH OF LE 1998?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

D8.

Did your children ever have to live with someone else because you could not take care of them?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

D9

D8a.

Did this happen to you while you were receiving TANF?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

D8b.

Has this happened to you since leaving TANF in MONTH OF LE 1998?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

D9.

Have you ever needed a regular baby sitter or child care service but could not find one?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

D10

D9a.

Did this happen to you while you were receiving TANF?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

D9b.

Has this happened to you since leaving TANF in MONTH OF LE 1998?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

D10.

Did a car or truck ever get taken away because you could not keep up payments?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

D11

D10a.

Did this happen to you while you were receiving TANF?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

D10b.

Has this happened to you since leaving TANF in MONTH OF LE 1998?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

D11.

Have you ever needed someone to look after an elderly parent but could not get anyone to do it?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

D12

D11a.

Did this happen to you while you were receiving TANF?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

D11b.

Has this happened to you since leaving TANF in MONTH OF LE 1998?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

D12.

Have you ever needed a regular baby sitter or child care service but could not pay for one?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

D13

D12a.

Did this happen to you while you were receiving TANF?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

D12b.

Has this happened to you since leaving TANF in MONTH OF LE 1998?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

D13.

Was someone in your home ever sick or hurt and
you could not get medical care?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

D14

D13a.

Did this happen to you while you were receiving TANF?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

D13b.

Has this happened to you since leaving TANF in MONTH OF LE 1998?

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

D14.

Now I'm going to read you some statements that people have made about their food situation. For these statements, please tell me whether the statement was often, sometime,

~IF B1(0) *AND* B7(NO)
or never true for you since MONTH OF LE 1998.

The first statement is "I worried whether my food would run out before I got money to buy more."

Was that often, sometimes, or never true for you since MONTH OF LE 1998?

~ELSE
or never true for your family since MONTH OF LE 1998.

The first statement is "We worried whether our food would run out before we got money to buy more."

Was that often, sometimes, or never true for your family since MONTH OF LE 1998?

~END

INAP.....	0
OFTEN TRUE.....	1
SOMETIMES TRUE.....	2
NEVER TRUE.....	3
DK.....	8
RF.....	9

D15.

~IF B1(0) *AND* B7(NO)
"The food that I bought didn't last,
and I didn't have money to get any more."

Was that often, sometimes, or never true for you since MONTH OF LE 1998?

~ELSE
"The food that we bought didn't last,
and we didn't have money to get any more."

Was that often, sometimes, or never true for your family since MONTH OF LE 1998?

~END

INAP.....	0
OFTEN TRUE.....	1
SOMETIMES TRUE.....	2
NEVER TRUE.....	3
DK.....	8
RF.....	9

D16.

~IF B1(0) *AND* B7(NO)

Since MONTH OF LE 1998, did you ever cut the size of your meals
or skip meals because there wasn't enough money or food?

~ELSE

Since MONTH OF LE 1998, did you or other adults in your family
ever cut the size of your meals or skip meals because
there wasn't enough money or food?

~END

INAP.....	0	
YES.....	1	
NO.....	5	TIME E
DK.....	8	
RF.....	9	

D17.

How often did this happen? Was it almost every month,
some months but not every month, or only one or two months?

INAP.....	0
ALMOST EVERY MONTH.....	1
SOME MONTHS BUT NOT EVERY MONTH.....	2
ONLY ONE OR TWO MONTHS.....	3
DK.....	8
RF.....	9

TIME E. START TIME E: _____

<<IF:A10(YES) *AND* B1(0)>>

<<SKIP to:TIME F>>

<<IF:A10(YES) *AND* B1(> 0)>>

<<SKIP to:E5>>

E1.

The next questions I have are about health insurance.

Do you have any health insurance coverage?

INAP.....	0	
YES.....	1	E3
NO.....	5	
DK.....	8	
RF.....	9	

E2.

So are you uninsured?

INAP.....	0	
YES.....	1	E4
NO.....	5	
DK.....	8	
RF.....	9	

E3.

What is the source of your health insurance coverage?

[DEF: These are some of the different types of public health insurance: Medicaid, Public Assistance, Chartered Health Care, DC Healthy Kids, DC Healthy Families, or CHIP.]

[IWER: DO NOT READ LIST. CHECK ALL THAT APPLY.]

MEDICAID OR OTHER PUBLIC PROGRAM.....	2,
SOMEONE ELSE'S POLICY.....	3,
PRIVATELY PURCHASED.....	4,
OTHER (SPECIFY).....	5,
DK.....	8,
RF.....	9,

<<IF:E3(ANSWERED) *AND* B1(> 0)>>

<<SKIP to:E5>>

<<IF:E3(ANSWERED) *AND* B1(0)>>

<<SKIP to:TIME F>>

E4.

Why aren't you enrolled in Medicaid?

[DO NOT READ OPTIONS. CHECK ALL THAT APPLY.]

INAP.....	0,
DIDN'T THINK I WAS ELIGIBLE.....	1,
DIDN'T NEED IT.....	2,
TOO MUCH HASSLE.....	3,
OTHER(SPECIFY).....	4,
DK.....	8,
RF.....	9,

<<IF:B1(0)>>

<<SKIP to:TIME F>>

E5.

~IF B1(1)

Does your child have health insurance coverage?

~ELSE

Do any of your children have health insurance coverage?

~END

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

<<IF:E5(YES) *AND* B1(1)>>

<<SKIP to:E7>>

E6.

~IF B1(1)

So is your child uninsured?

~ELSE B1(> 1) *AND* E5(YES)

So are any of your children uninsured?

~ELSE B1(> 1) *AND* E5(NO)

So are all of your children uninsured?

~END

INAP.....	0
YES.....	1
NO.....	5
DK.....	8
RF.....	9

<<IF:B1(1) *AND* E6(YES)>>

<<SKIP to:E8>>

<<IF:B1(> 1) *AND* E5(NO) *AND* E6(YES)>>

<<SKIP to:E8>>

E7.

```
~IF B1(1)
  What is the source of health insurance coverage
  for your child?
~ELSE B1( > 1) *AND* E5(YES) *AND* E6(NO)
  What (are/is) the source(s) of health insurance
  coverage for your children?
~ELSE B1( > 1) *AND* E5(YES) *AND* E6(YES)
  What (are/is) the source(s) of health insurance
  coverage for your children with health insurance?
~ELSE B1( > 1) *AND* E5(NO) *AND* E6(NO)
  What (are/is) the source(s) of health insurance
  coverage for your children with health insurance?
~END
```

[DEF: These are some of the different types of public health insurance: Medicaid, Public Assistance, Chartered Health Care, DC Healthy Kids, DC Healthy Families, or CHIP.]

[IWER: DO NOT READ LIST. CHECK ALL THAT APPLY.]

```
EMPLOYER'S POLICY/PROGRAM.....1,
MEDICAID OR OTHER PUBLIC PROGRAM.....2,
SOMEONE ELSE'S POLICY.....3,
PRIVATELY PURCHASED.....4,
OTHER (SPECIFY).....5,
DK.....8,
RF.....9,
```

<<IF:B1(> 1) *AND* E5(YES) *AND* E6(NO)>>

<<SKIP to:TIME F>>

<<IF:B1(1) *AND* E5(YES)>>

<<SKIP to:TIME F>>

E8.

```
~IF B1(1)
  Why isn't your uninsured child enrolled in Medicaid?
~ELSE
  Why aren't your uninsured children enrolled in Medicaid?
~END
```

[IWER: DO NOT READ LIST. CHECK ALL THAT APPLY.]

```
INAP.....0,
DIDN'T THINK (CHILD WAS/THEY WERE) ELIGIBLE.....1,
DIDN'T NEED IT.....2,
TOO MUCH HASSLE.....3,
OTHER(SPECIFY).....4,
DK.....8,
RF.....9,
```


TIME F. START TIME F: _____

F1.

Finally, I want to ask a question about why you stopped receiving TANF in MONTH OF LE 1998. What do you say are the reasons that you left TANF?

[PROBE: Any other reasons?]

[IWER: DO NOT READ LIST. CHECK ALL THAT APPLY.]

EARNED INCOME TOO HIGH.....01,
UNEARNED(OTHER/NON-WORK)INCOME TOO HIGH.....02,
REQUIREMENTS TOO MUCH HASSLE.....03,
COULD NOT MEET WORK REQUIREMENTS.....04,
CHANGE IN HH MEMBERS,LOST ELIGIBILITY.....05,
DID NOT WANT TO ID FATHER OF CHILDREN.....06,
DID NOT WANT DHS INVOLVED IN CHILD SUPPORT.....07,
GOT A JOB.....08,
SAME JOB-MORE HOURS.....09,
SAME JOB-GOT A RAISE.....10,
GOT SSI.....11,
GOT MARRIED/NOW LIVING WITH PARTNER.....12,
MOVED IN WITH FAMILY.....13,
OTHER (SPECIFY).....14,
DK.....98,
RF.....99,

TIME SHELL-OUT. START TIME SHELL-OUT:_____

CLOSING.

Thank you very much for your time and thoughtful answers.

CONFIRM R & CP NAME AND ADDRESS ON THE NEXT SCREEN.

ADDRESS SHELLOUT:_____

END.

These are all of the questions that I have. Thank you very much for taking the time to speak with me.

END TIME.IW END TIME STAMP: _____

T1.

PLEASE DESCRIBE ANY AMBIGUOUS OR CONFLICTING SITUATION THAT YOU WANT PROJECT STAFF TO KNOW ABOUT. IF NONE, ENTER "NONE".

ENDX.

THIS IS THE END OF THE INTERVIEW. WHEN YOU PRESS [ENTER], YOU WILL EXIT THE CASE.

CALCULATED VARIABLES:

LENGTH OF IW
LENGTH OF INTRO
LENGTH OF SECTION A
LENGTH OF SECTION B
LENGTH OF SECTION C
LENGTH OF SECTION D
LENGTH OF SECTION E
LENGTH OF SECTION F
LENGTH OF SHELL-OUT
DATE AND TIME OF VQ FILE
DATE AND TIME OF VQ FILE
MONTH IW
DAY IW
YEAR IW
IWER RECORD